

**APPLICATION DATA SHEET**

**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?:: Yes

Number of copies of CRF::

Title :: COMPOSITION AND METHOD FOR THE  
TREATMENT OF CANCER AND OTHER  
PHYSIOLOGIC CONDITIONS BASED ON  
MODULATION OF THE PPAR-GAMMA  
PATHWAY AND HER-KINASE AXIS

Attorney Docket Number:: 67789-542

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: Yes

Petition included?::

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No.:

Secrecy Order in Parent Appl.?:

### **First Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	David
Middle Name::	B.
Family Name::	Agus
Name Suffix::	
City of Residence::	Beverly Hills
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	522 North Crescent Drive
City of mailing address::	Beverly Hills
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	90210

### **Second Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	IN
Status::	Full Capacity
Given Name::	Anjali
Middle Name::	
Family Name::	Jain

Name Suffix::  
City of Residence:: Los Angeles  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 1670 Manning Avenue, Apt. 107  
City of mailing address:: Los Angeles  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 90024

### **Third Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name::  
Family Name:: Hedvat  
Name Suffix::  
City of Residence:: Encino  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 5460 White Oak Avenue, E-335  
City of mailing address:: Encino  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 91316

## Correspondence Information

Correspondence Customer Number:: **50670**  
Name::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::  
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Fax Number: 213-633-6899  
E-Mail address:: sethlevy@dwt.com

## Representative Information

Representative Customer Number::		<b>50670</b>
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## Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/US04/028071	08/27/04
PCT/US04/028071	An application claiming the benefit under 35 USC 119(e)	60/498,849	08/29/03
PCT/US04/028071	An application claiming the benefit under 35 USC 119(e)	60/568,910	05/07/04

### Assignee Information

Assignee name::	Cedars-Sinai Medical Center
Street of mailing address::	8700 Beverly Boulevard
City of mailing address::	Los Angeles
State or Province of mailing address::	California
Country of mailing address::	US
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